

* Work Order ID 88730

88730

Page 1

Tuesday, July 31, 2012 3:03:28 PM

Item ID: D350-604-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rear Locker Extender

Stop

NS2

Start Date: 7/31/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 8/31/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan:

/

Date: 12-07-31 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2273	F								
D350-604-041	B								

100

0.00

100

DOCUMENT CONTROL

DC

Document Control

Memo

0.00

Photocopy bluefile and create labels per PPP D350-604-041

MWS 12/08/09

CHG003 for D2273 rev.E (new gelcoat)

(DAS 16 9-09) 12/08/09

CHG004 for D2273 rev.F (new primer)

110

0.00

110

PURCHASING

Purchasing

Memo

0.00

Issue P/O: *12583*

12/07-31

Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B *122335*

4 x 2600-LW Retaining washers - Ship to Delastek B *121524*

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other	
NCR No. _____						

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset		
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions		
			<input type="checkbox"/> Other	

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Setup

Start

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Revision ID:

Item Name: Rear Locker Extender

Stop

NS2

Start Date: 7/31/2012 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 8/31/2012 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

120

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Packaging

Memo

0.00

Packaging

Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.

130

130

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
16
8-89

110609

140

140

Small Fab

Memo

0.00

Small Fab

INSTALL DECALS AS PER DWG

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>	Other		
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

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Page 3

Item ID: D350-604-041

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Revision ID:

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Stop

NS2

Start Date: 7/31/2012 **Start Qty:** 1.00

1

Cust Item ID:

Required Date: 8/31/2012 **Req'd Qty:** 1.00

1

Customer:

Reference:

Approvals:	Process Plan: _____	Date: _____	Tooling: _____	Date: _____	Run	Start	*NR1*
	QC: _____	Date: _____	SPC (Y/N): _____	Date: _____	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	DAS 16 8-88	2/08/02					

160 *160* Packaging Packaging	Packaging Memo	0.00 0.00							<i>12/08/02</i>
	Identify and pack for shipping as per PPP D350-604-041 Location: <u>52</u> PPP Rev: _____								

170 *170* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							<i>12/08/09</i>
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*MK
(2-08-09)*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Part No. _____													
NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
Bending				Bend				Grain					
Centre Not Concentric to O/S				BOM/Route				Hardware					
Cracks				Broken/Damaged				Inspection Incomplete					
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear					
Cuffs				Contamination				Maintenance					
Heat Treat				Countersink				Mislabeled					
Inspection Strip in Tube				Cut Too Short				Misread					
Ripples in Bend				Drill Holes				Offset					
Torque Waves in Extrusion				Drawing				Out of Calibration					
Turning Sequence				Finish				Out of Sequence					
Wave/Twist in Tube				Folio				Outside Dimensions					
										Ovalized			
										Over/Under tolerance			
										Part Incorrect			
										Part Lost/Missing			
										Part Moved			
										Positioned Wrong			
										Power Loss/Surge			
										Other			

Picklist Print

Page 1

Tuesday, July 31, 2012 3:03:32 PM

Work Order ID: 88730

88730
D350-604-041

Parent Item: D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/31/2012

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev:Q03.12.01ReformatKJ/RF
12.02.07 AS PER ECN12-521 DD verf:JLM
AS PER DWG REV.B DD VERF:EC

IPP REV:R

IPP REV:S 12.04.04

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D2269

Manufactured

No

Each

36.0000

1

**

SD 12/8/98

D2269

Decal

Location **Loc Qty** **Loc Code**

ST007	32	
80011	20	
86944	12	
ST009	4	
78920	4	

2600-6

Purchased

No

110

Each

391.0000

4

**

SL

2600-6

Camlock Stud

Location **Loc Qty** **Loc Code**

ST380	391	
120077	8	
121556	4	
122317	34	
122335	145	
122441	200	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

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Tuesday, July 31, 2012 3:03:33 PM

Work Order ID: 88730

88730

Parent Item: D350-604-041

D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/31/2012

2600-LW

Purchased

No

110

Each

515.0000

4

4

*******SL****2600-LW***

Camloc Retaining Washer

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
380	200	
122452	200	
ST380	312	
<u>121524</u>	112	<u>4</u>
122317	200	
ST381	1	
121287	1	
ST398	2	
120648	2	

D350-604-041P

Purchased

No

110

Each

3.0000

1

1

*******88730* *L****D350-604-041P***

Rear Locker Extender

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
CA	3	
87193	1	
87194	1	
87196	1	

D2268

Manufactured

No

140

Each

41.0000

1

1

*******10/8/9/P****D2268***

Decal

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST007	20	
80010	20	
ST009	21	
69592	2	
<u>78908</u>	7	
86752	12	

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Grain	General			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S	Bend	General			Hardware	General			Over/Under tolerance	Temperature/Cure	
Cracks	BOM/Route	General			Inspection Incomplete	General			Part Incorrect	Weld	
Crushed/Crimped.	Broken/Damaged	General			Instructions Incomplete/Unclear	General			Part Lost/Missing	Wrong Stock Pulled	
Cuffs	Burrs	General			Maintenance	General			Part Moved		
Heat Treat	Contamination	General			Mislabeled	General			Positioned Wrong		
Inspection Strip in Tube	Countersink	General			Misread	General			Power Loss/Surge		
Ripples in Bend	Cut Too Short	General			Offset	General					
Torque Waves in Extrusion	Drill Holes	General			Out of Calibration	General					
Turning Sequence	Drawing	General			Out of Sequence	General					
Wave/Twist in Tube	Finish	General			Outside Dimensions	General					
	Folio	General				General					

Solve Composites

Packing List

Bill Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

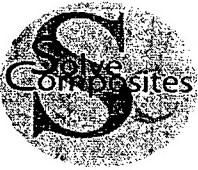
Shipment No: 13413
Shipment Date: 08/07/12
Ship Via: Fedex Freight
Order Number: 11941
Order Date: 07/31/12

Customer Code: DART
Phone: (613) 632-9577
PO Number: 17583
Terms: Net 30 Days

Item	Quantity				Description	Unit	Canceled	Back Ord	Shipped	Open	Revision	Job Number
	10	2	8	EA								
1					D350-604-041P D350-604-041P Rear Locker Extender						F	11941-01

Packing Clerk's Initials
Solve Composites

Received In Good Order By
Dart Aerospace



Certificate of Conformance

Solve Composites

29 Distribution Way

Plattsburgh, New York, 12901

USA

Dart Aerospace Order Number: 17583

Part Number: D2273

Quantity: 1

Drawing Number: D2273, DT8020

Serial Number (s): 0009

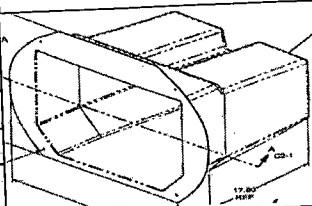
Date: August 8, 2012

8/8/12

Non-Conformances: None

This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.

Jerry Reyell

Solve Composites		29 Distribution Way, Suite 101 Plattsburgh, NY 12901 Tel: (518) 324-3838 Fax: (518) 324-5530		Isometric View 
Date		Project	NovaBus	
Resin Batch #		Job	DART	
Gel-Coat Batch #				
NOVA Drg No.	D2273 Rev. F	Serial #	0009	
Panel Ref.	350 REAR LOCKER EXTENDER			